PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -9 PM 3:05

DOCUMENT # P95000068441

1. Corporation Name
Palmer Humphreys And Associates

2. Principal Office Address	3. Mailing Office Address
3555 N.W. 74 TH STREET	3555 N.W. 74TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL.
Zip: 33147 Country: USA	Zip: 33147 Country: USA

500023021105
09/12/03--01055--013 **900.00

4. Date Incorporated or Qualified to Do Business in Florida: 4-01-1995

5. FEI Number: 650615079 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: ROBERT PALMER

Street Address (P.O. Box Number is Not Acceptable): 3555 N.W. 74 TH STREET

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33147

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 9/05/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROBERT PALMER	3555 N.W 74TH STREET	MIAMI FL 33147
	REINSTATEMENT	02/03	

10. I certify that I am an officer or director of the reissue or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Robert Palmer 9/05/03 (305) 696-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/19